

## Exhibit 2

Form 2 Second survey

Health Questionnaire

Name of Prefecture Health Center

District code		Household code		Individual code	
Name		M	Date of birth		
		F	( year month day)		
			1. Single	2. Married	3. Divorced 4. Widowed
Address					
Place of birth	Prefecture		City	Occupation (in detail)	
For women	Number of children	Length of breast feeding after last delivery month(s)		Age at first marriage	

## Anamnesis

Eating Habits	Rice/Wheat	Amount/day	Frequency
	Meat	1. Daily 2. Occas 3. Rare 4. None 5. Obscure	
	Fish and shell fish	1. Daily 2. Occas 3. Rare 4. None 5. Obscure	
	Milk and goat milk	1. Daily ( amount) 2. Occas 3. Rare 4. None 5. Obscure	
	Green-yellow vegetables	1. Daily 2. Occas 3. Rare 4. None 5. Obscure	
	Pickles	1. Every meal 2. Daily 3. Occas 4. Rare 5. None 6. Obscure	
	Soybean paste soup	1. Daily 2. Occas 3. Rare 4. None 5. Obscure	
	Smoking	1. Smoking daily (a) Cigarette No./day (b) Kisami (c) Others 2. Occas 3. Ex. 4. None 5. Obscure Age started ( )	
	Alcohol	1. Daily 2. Occas 3. Rare 4. None 5. Obscure Type (1) Sake (2) Shochu (3) Beer (4) Whisky (5) Others (6) Obscure	
	Green tea	1. Very hot 2. Moderate 3. None 4. Obscure Others (1. Tea 2. Coffee 3. Cola 4. Cider)	
Current Health Status (danger signals)	1. Stomach trouble, indigestion, no appetite, change in food choice.		
	2. Vaginal discharge, irregular bleeding. 3. Lump in the breast		
	4. Difficulty in swallowing. 5. Blood or mucus in stool.		
	6. Continued cough, bloody sputum, hoarseness.		
	7. Chronic ulcer in the mouth/skin.		
Currently	8. Difficulty in urination, blood in urin. 9. Irritation/uneasiness		
	10. Difficulty in sleeping. 11. Heart trouble.		
Major illness during past 5 years	1. Healthy 2. In bed (by ) from when.		
Health Check	name of illness, time, duration.		
	1)		
	2)		
	1. none 2. yes		
	(stomach X ray, chest X ray, blood pression, others)		

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